

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKHernandez Victor

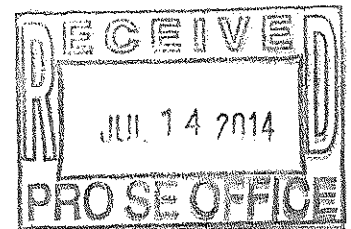
(In the space above enter the full name(s) of the plaintiff(s).)

-against-

N.Y.C. Department of Corrections
Officer Aurelier
Officer Selassie
Officer Velez

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Victor Hernandez

ID #

349 14 00129

Current Institution

G.R.V.C.

Address

09-09 Hazen St.
East Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

New York City Dept of Correction Shield # _____

Where Currently Employed

Rikers Island Correction Center

Address

09-09 Hazen Street
East Elmhurst, N.Y. 11370

Defendant No. 2 Name Correction Officer Angelier Shield # _____
 Where Currently Employed 09-09 Hazen Street Rikers Island
 Address East Elmhurst, NY 11370

Defendant No. 3 Name Correction Officer Selassie Shield # _____
 Where Currently Employed Rikers Island
 Address 09-09 Hazen Street
East Elmhurst, NY 11370

Defendant No. 4 Name Jane Doe Shield # _____
 Where Currently Employed Rikers Island New York
 Address 09-09 Hazen Street
East Elmhurst, NY 11370

Defendant No. 5 Name Correction Officer Perez Shield # _____
 Where Currently Employed Rikers Island
 Address 09-09 Hazen Street
East Elmhurst, NY 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
George R. Verno Center (G.R.V.C.)
- B. Where in the institution did the events giving rise to your claim(s) occur?
Housing area 11A, outside and in front
of 5 cell.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
May 2013 at approximately 11:00 AM.

D. Facts: *On May, 2013 I was dragged literally by my hands and feet for not complying with the decision to go to an empty cell. Full of Sewage germs, Tuberculosis, and hepatitis.*

What happened to you?

Who did what?

When they took me to the other side 11A they took me into the new contaminated cell. I refused to go in and there was a use of force to throw me in a filthy contaminated cell. I kept on not wanting to go in because I have a chronic illness and did not want to be in an unhealthy cell that could make my H.I.V. sickness worst. If anyone saw anything that day I was unaware.

Was anyone else involved?

Who else saw what happened?

Unfortunately they left me in that contaminated cell for a little more than a week. I am seeking reparatory help for cruel and Unusual Punishment.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Contusion / Sprained Arm and Left Leg with pain for a month and a half.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island (C.R. PL)

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Yes dropped it off in grievance box

1. Which claim(s) in this complaint did you grieve? Unsanitary cell

Conditions in housing unit 11A Cell #8

2. What was the result, if any? They did nothing until I called
N.Y.C. 311 # and they finally moved me after a month.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

wrote them and they
never responded, like the usual

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____
- _____
- _____
- _____
- _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like Department of Corrections for the City of New York to stop putting inmates in housing unit 11A and 11B which is contaminated with dirty sewage water that overflows underneath the bed and rises, soaking everything like sneakers and sandals and feet.

I also want to be reimbursed for danger to my health risk for, every day I was confined in a contaminated disease ridden cell for \$5,000 a day. For a total of 21 days or a little more depending on cell dates because my health was put at risk since I have HIV. I should have been placed by law in a clean cell, there is no excuse for leaving me in a contaminated cell for almost a month in total.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of July, 2014.

Signature of Plaintiff

Inmate Number

Institution Address

Vito Hernandez
349-14-00129
G.R.V.C
09-09 Hazen Street
East Elmhurst N.Y 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 1 day of July, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Vito Hernandez